



**RESTRICTED EMOTIONAL DISTURBANCE (RED) or RESTRICTED SPECIFIC LEARNING DISABILITIES (RSLD) SPECIAL EDUCATION ENDORSEMENT**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58898 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number		
Work Telephone Number		Email Address		
Home Telephone Number				
Last Name	First Name	M.I.	Maiden Name	
Mailing Address		City	State	Zip (9 digit)

**Prerequisite:** Valid restricted North Dakota educator's professional license in either ED or SLD, submit a letter from administrator requesting either the RED or RSLD endorsement; and submit a plan to complete required coursework in one year.

**Re-education Plan:** None

**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.

**Timeline:** This endorsement must be completed prior to or within one year of your first contracted employment as a RED or RSLD teacher in North Dakota. Completion of this endorsement does not change your regular license renewal date.

**Restricted ED or Restricted SLD Program of Study**

Coursework	Completed (SH)	Needed (SH)
<b>Two graduate semester hours in ED or SLD</b> (whichever is applicable to transcribed undergraduate major).		
<b>ED:</b> One seminar course in SLD		
<b>ED:</b> One practicum course in SLD		
<b>or</b>		
<b>SLD:</b> One seminar course in ED		
<b>SLD:</b> One practicum course in ED		
	<b>Total SH</b>	<b>Total SH</b>
Administrator letter (see prerequisite above)		

**This endorsement will only be issued once.**

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date

License Code <b>SLD: 19725      ED: 19740</b>	Type of Equivalency <b>23</b>	Level of Preparation
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

**Submit completed form and \$75 fee to:** Education Standards and Practices Board  
 2718 Gateway Ave, Suite 303  
 Bismarck ND 58503-0585  
 (701) 328-9641 office  
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card